Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15**, **2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

(559) 325-5730

APPLICATION FOR						Version 7/03
FEDERAL ASSISTANCE			2. DATE SUBMITTED 4/2/2007		Applicant Ider	ntifier
1. TYPE OF SUBMISSION:	D		3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application	Pre-app	struction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identi	fier
Construction Non-Construction		Struction Construction				
5. APPLICANT INFORMATION		O TO TO TO TO TO				
Legal Name:				Organizational Department:	Unit:	
Westside Tule Enterprise Comm Organizational DUNS:	nunity		·····	Five Points Division:		
611723573				Westside Housi	ng & Economic Netw	
Address: Street:					phone number of pe application (give are	rson to be contacted on matters
9900 Cody Street, Room 405		Kanal Manen Varia	Francis II A Harman Barrel	Prefix:	First Name:	
City:				Middle Name	Becky	
Coalinga County:		ΛDD	0 2 2007	E. Last Name Barabé		
Fresno	Zin Cod	, , , , , ,	U & 2001	Barabé Suffix:		w was a second
State: California	Zip Cod 93210		EARING HOUSE	N/A		
Country: United States		STATE OL	EARING HOUSE	Email: bbarabe@wests	sidetule.org	
6. EMPLOYER IDENTIFICATIO	N NUMB	ER (EIN):	(CO. S. C.	Phone Number	(give area code)	Fax Number (give area code)
20-2095537]			(559) 824-3730		(559) 325-5730
8. TYPE OF APPLICATION:				7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)
		Continuation	n Revision	O. Not for Profit	t Organization	
(See back of form for description			()	Other (specify)	•	
Other (specify)					DERAL AGENCY: epartment of Agricult	ure
10. CATALOG OF FEDERAL	OMEST	C ASSISTANC	E NUMBER:	11. DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJECT:
			10-769	Five Points Bus	iness Beautification F	Project
TITLE (Name of Program): Rural Business Enterprise Gran	ts (RBEG	i)				
12. AREAS AFFECTED BY PR			, States, etc.):	1		
Unincorporated area of Five Poi	nts, Califo	ornia, Fresno C	ounty			
13. PROPOSED PROJECT Start Date:	Endio	g Date:			SIONAL DISTRICTS	
7/1/2007	6/30/2			a. Applicant Jim Costa		b. Project Jim Costa
15. ESTIMATED FUNDING:				16. IS APPLICA ORDER 12372 F		REVIEW BY STATE EXECUTIVE
a. Federal \$			99,000 `	a Ves IT THE	S PREAPPLICATION	VAPPLICATION WAS MADE
b. Applicant S			DO	_ AV#	MLABLE TO THE ST. DCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON
c. State \$			35,000	_	E: 4/2/2007	
						(EDED DV E. O. 40070
d. Local \$			- 00	D. NO. 3 ;		/ERED BY E. O. 12372
e. Other \$			14,500	- FOF	REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$				17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$			148,500	1	attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHOR	IZED BY THE	GOVERNING BODY OF	PLICATION/PREA THE APPLICANT	APPLICATION ARE 1 AND THE APPLICA	TRUE AND CORRECT. THE INT WILL COMPLY WITH THE
a. Authorized Representative	First No	me		la la	Aiddle Name	
Prefix Ms.	First Nat Becky	in u			fiddle Name E.	
Last Name Barabé			· · · · · · · · · · · · · · · · · · ·	0	uffix N/A	
b. Title Executive Director					. Telephone Number 559) 824-3730	(give area code)
d. Agnature of Authorized Repre	sentative			e	Date Signed	
Previous Edition Usable						Standard Form 424 (Rev.9-2003)
'Authorized for Cal Reproduction	n					Prescribed by OMB Circular A-102

p.2

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 4/2/2007		Applicant Iden	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizationa	l Unit:	
Westside Tule Enterprise Comm	nunity		Department: Huron		
Organizational DUNS:			Division:		
611723573 Address:				se Community (HEC)	rson to be contacted on matters
Street:			involving this	application (give are	a code)
9900 Cody Street, Room 405			Prefix: Ms.	First Name: Becky	
City: Coalinga	AND A CONTRACT OF THE PROPERTY	* Company and the Company and	Middle Name E.		
County:		CENTER	Last Name Barabé		
Fresno State:	Zip Code	VEL	Suffix:		
California Country:	93210 API	₹ 0 2 2007	N/A Email:		
United States	1	· · · · · · · · · · · · · · · · · · ·	bbarabe@wes		Fax Number (give area code)
6. EMPLOYER IDENTIFICATION	_ ATATE O	LEARING HOUSE	(559) 824-3730		(559) 325-5730
2 0 -2 0 9 5 5 3 7 8. TYPE OF APPLICATION:		Aning House	1' '		c of form for Application Types)
8. TYPE OF APPLICATION:	v Continuatio	n Revision		·	Corrolli for Application Types,
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es)	TO NEVISION	O. Not for Protother (specify)	nt Organization	
,					
Other (specify)				EDERAL AGENCY: Department of Agricult	ure
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
		1 0-7 6 9	Arts & Media J	ob Training Project	
TITLE (Name of Program): Rural Business Enterprise Gran	its (RBEG)				
12. AREAS AFFECTED BY PR		s, States, etc.):			
Huron, California, Fresno Coun	ty				
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	OF: b. Project
7/1/2007	6/30/2008		Jim Costa		Jim Costa
15. ESTIMATED FUNDING:			16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE
a. Federal \$		99.000	2 Vac 77 TH	IIS PREAPPLICATION	I/APPLICATION WAS MADE
b. Applicant \$	70707-7	.00	^~	ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON
c. State \$		2,500	l DA	TE: 4/2/2007	
		. 00			/ERED BY E. O. 12372
d. Local \$			D. NO. : 1		
e. Other \$		47,000		R PROGRAM HAS NO DR REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$					NT ON ANY FEDERAL DEBT?
g. TOTAL \$		148,500	☐ Yes If "Yes	" attach an explanatior	n. 💆 No
18. TO THE BEST OF MY KNO		, ALL DATA IN THIS APP	PLICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			THE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative				Middle Nieme	
Prefix Ms.	First Name Becky			Middle Name E.	
Last Name Barabé				Suffix N/A	
b. Title Executive Director				c. Telephone Number (559) 824-3730	(give area code)
d Samuel of Authors Repu	rsdpapine			e. Date Signed	
Previous Edition Osable	1 v			4/2/2007	Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	on				Prescribed by OMB Circular A-102

Application for Federal Assis	stance SF-424		Version 02
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplication	✓ New		The second secon
Application	Continuation	* Other (Specify)	RECEIVED
Changed/Corrected Application	Revision	i	APR 0 3 2007
* 3. Date Received:	4. Applicant Identifier:		a a
Completed by Grants.gov upon submission.	University of San Francisco)	STATE CLEARING HOUSE
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	THE PARTY OF THE P
	•		
State Use Only:			
6. Date Received by State:	7. State Application	n Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: University of San Fr	ancisco		
* b. Employer/Taxpayer Identification N	umber (EIN/TIN):	* c. Organizational DUNS:	
94-1156628		078770294	
d. Address:			
* Street1: 2130 Fulton Stree	et		
Street2:			
* City: San Francisco			
County: San Francisco			
* State:		CA: California	
Province:			
* Country:	<u> </u>	JSA: UNITED STATES	
* Zip / Postal Code: 94117-1080			
e. Organizational Unit:			
Department Name:		Division Name:	
Health Promotion & Services		University Life	
f. Name and contact information of p	person to be contacted on r	matters involving this application:	
Prefix:	* First Nam	e: Sarah	
Middle Name:			
* Last Name: Mart		·	
Suffix:			
Title: Director of Health Promotion & S	Services		
Organizational Affiliation:			
* Telephone Number: 415.422.6702		Fax Number:	
* Email: smart@usfca.edu			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
O: Private Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Federal Domestic Assistance Number:	
84.184	
CFDA Title:	
Safe and Drug-Free Schools and Communities_National Programs	
* 12. Funding Opportunity Number:	
ED-GRANTS-122206-002	
* Title:	
Prevention of High-Risk Drinking or Violent Behavior Among College Students CFDA 84.184H	
Prevention of high-risk Difficing of violent behavior Among conege students of DA 04.10411	
13. Competition Identification Number:	
84-184H2007-1	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
San Francisco, San Francisco County, CA	
Can Francisco, can Francisco County, c	
* 15. Descriptive Title of Applicant's Project:	
Whole Students, Whole Campus: Community Empowerment to Reduce High-Risk Drinking at the University of San Francisco	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	ļ

Application 1	for Federal As	sistance SF-424		Version 02
16. Congression	nal Districts Of:			
* a. Applicant	8		* b. Program/Project n/a	
Attach an additio	nal list of Program	/Project Congressional Districts	s if needed.	
		Add Attachment	Delete Attachment View Attachment	
17. Proposed Pr	roject:			
* a. Start Date:	07/01/2007		* b. End Date: 07/01/2009	
18. Estimated F	unding (\$):			
* a. Federal		299,963.00		
* b. Applicant		0.00		
* c. State		0.00		
* d. Local		0.00		
* e. Other		0.00		
* f. Program Inco	ome	0.00		
* g. TOTAL		299,963.00		·
✓ b. Program is		372 but has not been selected	xecutive Order 12372 Process for review on	
* 20. Is the Appl	licant Delinguent	On Any Federal Debt? (If "Y	es", provide explanation.)	
Yes	✓ No	Explanation		
herein are true,	complete and ac	curate to the best of my kno if I accept an award. I am a	contained in the list of certifications** and (2) that the statements owledge. I also provide the required assurances** and agree to ware that any false, fictitious, or fraudulent statements or claims . (U.S. Code, Title 218, Section 1001)	
		rances, or an internet site whe	ere you may obtain this list, is contained in the announcement or agency	
Authorized Rep	resentative:			Q
Prefix:	Dr.	* First Na	ame: Pamela	
Middle Name:	F.			
* Last Name:	Miller			
Suffix:	Ph.D			
* Title: Director	r, Office of Sponso	red Projects	· ·	
* Telephone Num	ber: 415-422-536	8	Fax Number: 415-422-6222	
* Email: silva@	Dusfca.edu			
* Signature of Au	thorized Represen	tative: Completed by Grants.gov L	pon submission. * Date Signed: Completed by Grants.gov upon submission.	
Authorized for Lo	cal Reproduction	Famela f.	MULE. JAMELA TISTANDARD Form 424 (Re	

FEDERAL ASSISTANCE	İ	2. DATE SUBMITTED 1-22-2007		Applicant Id	entifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applic	ation Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AG	ENCY Federal Ider	ntifier
Construction	Construction	1-22-0			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name			Organization		
CAMERON PAK AIRPORT DIS	TRICT (ALL)		Department: ROAD COMM	NITTEE	
Organizational DUNS:	and the second s	and the contrast of the contra	Division: CAMERON A	IRPARK	
Address:			Name and te	ephone number of	person to be contacted on matters
Street:	The state of the s		Prefix:	First Name:	rea code)
3474 MIRA LOMA DRIVE	AP'	R 0 3 2007		CLAY	
City: CAMERON PARK	1	1	Middle Name WILLIAM		·
County: EL DORADO	STATE	CLEARING HOUSE	Last Name ALEXANDER		
State: CA	Zip Code 97682	the state of the s	Suffix:		
Country: USA	1		Email: CPAD2@SB	CGLOBAL.NET	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	er (give area code)	Fax Number (give area code)
68-0177965	04-009			OR 530-676-8316	530-676-8317
8. TYPE OF APPLICATION:	_		7. TYPE OF A	APPLICANT: (See ba	ck of form for Application Types)
If Revision, enter appropriate letter		n 🔲 Revision	SPECIAL ASS	SESSMENT DISTRIC	т
(See back of form for description	of letters.)	П	Other (specify)	•	
Other (specify)		U	9. NAME OF US DEPART	FEDERAL AGENCY: MENT OF AGRICULT	URE
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	1		LICANT'S PROJECT:
TITLE (Name of Program):		10-766	2 INCH ASPI MULTI-FLOW STREETS	HALT OVERLAY AND DRAINAGE FOR 85	INSTALL APPROX 9,000 LF OF 6,670 SQ FT OF AIRPARK
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties,	, States, etc.):	1		
EL DORADO COUNTY					
13. PROPOSED PROJECT				SSIONAL DISTRICTS	
Start Date: 6-1-2007	Ending Date: 6-30-2007	•	a. Applicant	T 1, ASSEMBLY 4	b. Project SAME
15. ESTIMATED FUNDING:	10002001				D REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372		N/APPLICATION WAS MADE
		1,460,000	Ja. Yes. LLI A¹	VAILABLE TO THE S	TATE EXECUTIVE ORDER 12372
b. Applicant \$.00	P	ROCESS FOR REVIE	EW ON
c. State \$.00	D/	ATE:	
d. Local \$.00	b. No. 🗷 Pi	ROGRAM IS NOT CO	VERED BY E. O. 12372
e. Other \$.00	U F(OR REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE AF	PLICANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$		1,460,000	1	attach an explanation	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (GOVERNING BODY OF '	PLICATION/PRE THE APPLICAN	EAPPLICATION ARE IT AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative				Middle No	
Prefix	First Name ROBERT		(Middle Name	
Last Name BYRNE				Suffix	
b. Title DIRECTOR, CAMERON PARK	AIRPORT DISTRICT			c. Telephone Numbe 530-676-0295	r (give area code)
1. Signature of Authorized Repres	sentative /	40		e. Date Signed	•

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	· =	2. DATE SUBMI		14	Version
_	E	03/29/2007		Applicant Id	enulier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEN	ED BY STATE	State Applic	ation Identifier
☑ Construction	Construction	4. DATE RECEIV	ED BY FEDERAL AGEN	Y Federal Ider	ntifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			AIP 3-06-01	03-14
Legal Name;	N		Organizational U	init:	
Cily of Hayward - Hayward Exe	sculive Airport		Department; Public Works	· · · · · · · · · · · · · · · · · · ·	
Organizational DUNS: 156241002		***	Division:		
Address:	Section 1		Airport		erson to be contacted on matte
Street: 20301 Skywest Drive	RECE	VED	involving this ap		
•		W literacy React	Prefix: Mr.	First Name: Ross	
Cîly; Hayward	APR - 3	2007	Middle Name Victor		•
County: Alameda	STATE OF FACIL		Last Name Dubarry		V
State; California	STATE CLEARIN	VG HOUSE	Suffix:		V
Country:	- CONTROL TO THE CONTROL OF THE CONT	THE RESERVE OF THE PROPERTY OF	Email:		
DS 5. EMPLOYER IDENTIFICATIO	N NUMBER /FIAM		ross.dubarry@hay		Teas Number (-1
94-5000346			(510) 293-5461	e 9169 CODB)	Fax Number (give area code) (510) 783-4556
TYPE OF APPLICATION:	J			CANT: /See has	k of form for Application Types)
New	Continuation	Revision	C	10ANT: (000 000	k of form for Application 13pes)
Revision, enter appropriate lette see back of form for description	er(s) in hov(es)		Other (specify)		
Other (specify)	L		9. NAME OF FEDE	RAL AGENCY:	
O. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	MUMADED.	Federal Aviation Ad		ALL/EIG BOOLEOT
	JULE 110 ADDISTANCE		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CANT'S PROJECT:
ITLE (Name of Program):		20-106	Transaptor Landing	Apidii	
Z. AREAS AFFECTED BY PRO	LIECT (Chian Counties	Platan ata I-			
ity of Hayward, Alameda Count		313183, \$16./.			
B. PROPOSED PROJECT		-	14. CONGRESSION	IAL DISTRICTS ()E·
art Date: 5/18/2007	Ending Date: 08/14/2007	VIII.	a. Applicant		b. Project
. ESTIMATED FUNDING:	00/14/2007		10th	N SUBJECT TO	10th REVIEW BY STATE EXECUTIVE
Federal \$	· · · · · · · · · · · · · · · · · · ·	po	ODDED 13973 DDO	CECC3	
		1,250,000		DEL IO INE GIA	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
Applicant \$		462,500		SS FOR REVIEW	
Stale \$		00	DATE: (02/20/2007	
Local \$, and the second	.00	b. No. PROGR	AM IS NOT COVE	IRED BY E. O. 12372
Other \$. 180	n OR PRO	GRAM HAS NOT	BEEN SELECTED BY STATE
Program Income \$.00	FOR RE	VIEW	T ON ANY FEDERAL DEBT?
TOTAL \$		1,712,500 ·	Yes If "Yes" attac		% No
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY AL ACHED ASSURANCES IF TH	LEDGE AND BELIEF, AL	L DATA IN THIS	APPLICATION/DDEADEL	CATION ADE TO	HE AND CORDERS THE
uthorized Representative	E ASSISTANCE IS AWA	KUED.			
J	rst Name esús		Middle	Name	
t Name nas	WY WAR		Suffix		· · · · · · · · · · · · · · · · · · ·
ille Manager	À		C. Tele	phone Number (gi 583-4300	ve area code)
gnature of Authorized Represer	native			Signed ()	7-2007
	AZ 1/1 () 1 /2"			, ·	

Application for Federal Ass	istance SF-424		Version 02		
* 1. Type of Submission: Preapplication Application Changed/Corrected Application	✓ New	* If Revision, select appropriate lette * Other (Specify)	r(s):		
* 3. Date Received:	4. Applicant Identifier:		APR - 4 2007		
			AIN 4 2007		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	STATE CLEARING HOUSE		
koceptfp			THE RESIDENCE AND THE RESIDENCE OF THE PROPERTY OF THE PROPERT		
State Use Only:					
6. Date Received by State: 7. State Application Identifier:					
8. APPLICANT INFORMATION:					
* a. Legal Name: KOCE-TV Found	ation				
* b. Employer/Taxpayer Identification	Number (EIN/TIN):	* c. Organizational DUNS:			
95-6002272		03-738-7057			
d. Address:					
* Street1: 15751 Gothard Street2:					
* City: Huntington Bea					
County: Orange County * State: CA					
Province:					
* Country: USA: United S	tates				
* Zip / Postal Code: 92647-0476					
e. Organizational Unit:					
Department Name:		Division Name:			
f. Name and contact information o	f person to be contacted on	matters involving this application	:		
Prefix:	* First Name	Susan			
Middle Name: Alee					
* Last Name: Truesdale					
Suffix:					
Title: Chief Financial Officer					
Organizational Affiliation:					
				7	
* Telephone Number: (714) 895-087	1	Fax Number: () -		_	
* Email: struesdale@koce.org					

Application for Federal Assistance SF-424		Version 02				
9. Type of Applicant 1: Select Applicant Type:						
N						
Type of Applicant 2: Select Applicant Type:						
	DECEIVED					
Type of Applicant 3: Select Applicant Type:						
	APR - 4 2001					
Other (specify):	STATE CLEARING HOUSE					
	STATE CLEARING					
* 10. Name of Federal Agency:	a separate and the second seco					
NTIA / OTIA / PTFP						
11. Catalog of Federal Domestic Assistance Number:						
11.550						
CFDA Title:						
Public Telecommunications Facilities Program						
* 12. Funding Opportunity Number:						
TBA						
* Title:						
Public Telecommunications Facilities Program						
13. Competition Identification Number:						
Title						
14. Areas Affected by Project (Cities, Counties, States, etc):						
Greater Metro Los Angeles, including LA, Orange, and portions of Ventura, Riverside, San	Diego & San Bernadino Counties.					
* 45 December 7:40 of Applicants Decises						
* 15. Descriptive Title of Applicant's Project:						
Construction Project						
Attach supporting documents as specified in agency instructions.						
Author Supporting accuments as specimed in agency methodicine.						

Application	for Federal Assistar	ce SF-424		Version 02	
16. Congression * a. Applicant	onal Districts Of:		* b. Program/Project	CA 22,24,25,26,27,28,29,30,31,32,33,34,35,36,37,3	38,39,4
Attach an addit	ional list of Program/Project	Congressional Districts if ne	eeded.		
17. Proposed	Project:				
* a. Start Date:	10/01/2007		* b. End Date:	09/30/2008	
18. Estimated	Funding (\$):				
* a. Federal * b. Applicant * c. State * d. Local * e. Other * f. Program Ind * g. TOTAL * 19. Is Application	1,203,995	y State Under Executive O	rder 12372 Process?		
a. This appli b. Program i	cation was made available	o the State under the Execu has not been selected by th	tive Order 12372 Process for revie	w on 04/05/2007	
Yes 21. *By signin	g this application, I certify	the best of my knowledge	rained in the list of certifications	urances" and adree to	
may subject n	ne to criminal, civil, or adnormals, rifications and assurances,	ninistrative penalties. (U.S	hat thy false, fictitious, or fraudu . Code, Title 218, Section 1001) u may obtain this list, is contained i		
Authorized Re	presentative:				
Prefix:		* First Name:	Mel		
Middle Name:	D				
* Last Name:	Rogers				
Suffix:					
* Title: Pres			Foy Number: (1)		
* Telephone Nu			Fax Number: () -		
* Email: mrog				1.169	
* Signature of A	Authorized Representative:	Kuldr	* Date Signed:	14/07	

American Company of the Company of t					
APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	₹ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational l	Jnit:	
Livingsto	on Community ervices, Inc	7	Department:		
Organizational DUNS:			Division:		
Address:	59821-0000	Compared to the Land Control of Committee of			rson to be contacted on matters
Street:	REC	CEIVED	involving this ap	oplication (give are First Name:	a code)
1140 Mair	n Street		MS.	First Name.	Catalina
City: Livingsto	on APF	$2 - 5 \ 2007$	Middle Name A	urora	
County: Merced			Last Name G	arcia	
State:	Zip Code STATE C	LEARING HOUSE	Suffix:		
CA Country:	tates of Ame	26.7.00	Email:	ria@living	stonmedical.org
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	:LICa	Phone Number (g		Fax Number (give area code)
74-1719656]			94-7913	(209) 394-3660
8. TYPE OF APPLICATION:	rum.		7. TYPE OF APP	'LICANT: (See bacl	of form for Application Types)
New f Revision, enter appropriate lett	v Continuatior er(s) in box(es)	n 🔲 Revision	O- Not	For Profit	Corganization
See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FED	DERAL AGENCY:	USDA
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
		110-1766			
TITLE (Name of Program):		dinn_ryrap			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):	1		
Livingston, Mer	cced, Stanis	laus, CA			
13. PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS	
Start Date:	Ending Date:		a. Applicant	n 10	b. Project
15. ESTIMATED FUNDING:				A 18 TION SUBJECT TO	CA 18 REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PF	ROCESS?	/APPLICATION WAS MADE
	5,7	00,000	_ a. Yes. 🖾 AVAI	LABLE TO THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant \$	6,3	36,052		CESS FOR REVIEV	VON
c. State \$.00	DATE	: :	
d. Local \$. 00	b. No. 🗂 PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$	2,3	47,800	1 1 8	ROGRAM HAS NOT REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	14,3	83 , 852	Yes If "Yes" at	ttach an explanation	. 🔯 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AUTHORIZED BY THE (ALL DATA IN THIS APP GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PPLICATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T	THE ASSISTANCE IS AV	WARDED.			
a. Authorized Representative Prefix	First Name		Mid	ddle Name	
MS . Last Name	Catal	ina	Su	Auro ffix	ora
Garcia			30		

Chief Executive Officer
d. Signature of Authorized Representative
Previous Edition Usable
Authorized for Local Reproduction

b. Title

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

c. Telephone Number (give area code)
(209) 394-7913 ext.110
e. Date Signed

Division:

Street2:

Country: JNITED ST

Fax Number: 949-824-3732

County: Orange

Office of Research Admin.

300 University Tower

949-824-9326

Department:

City: Irvine

Phone Number:

* Street1:

Province:

OMB Number: 4040-0001

State: CA; Californ

* Email: |phurka@ucl.edu

* ZIP / Postal Code: 92697-7600

Expiration Date: 04/30/2008

9498241465

21. Attach an additional list of Project Congressional Districts if needed.

Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES V THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 432,341.00 a, * Total Estimated Project Funding PROCESS FOR REVIEW ON: 432,341.00 b. • Total Federal & Non-Federal Funds DATE: 04/05/2007 0,00 c. * Estimated Program Income D. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) 7 · lagree * The list of certifications and assumances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: * Last Name: Middle Name: * First Name: Preflx: Flacher Gillan Ms. The Regents of the University of California Organization: · Position/Title: | Contract & Grant Officer Division: Office of Research Admin. Department: Street2: 300 University Tower * Street1: CA; Califori * Ştate: County: Orange " City: Irvine 92697-7600 ZIP / Postal Code: JNITED 57 * Country: Province: * Email: |gflscher@uci.edu Fax Number: 949-824-2094 * Phone Number: 948-824-2644 . Date Signed * Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov Affew Attachagent Delete Attoomneri 20. Pre-application

Wad Attachmental Contests Address ment Deep Adjacht nach

Application	for Federal Assi	stance SF-424			Ve	rsion 02
1. Type of Su	bmission:	* 2. Type of Application:	- 1	If Revision, select appropriate to	etter(s):	
☐ Preapplicati	lon	✓ New			•	
Application		Continuation	7	Other (Specify)		
Changed/C	orrected Application	Revision				
- 3. Dale Recei	ived:	4. Applicant Identifier:				
5a. Federal Ent	tity Identifier:		T	* 5b. Federal Award Identifier:		
pell]			
State Use Only	y:					
6. Date Receive	ed by State:	7. State Applicatio	n la	dentifier:		
B. APPLICANT	INFORMATION:					
* a. Legal Name	e: KCET/Community	Television of Southern Call	ori	nia		
* b. Employer/T	axpayer Identification	Number (EIN/TIN):	T	c. Organizational DUNS:		
95-2211661] [-00-678-1348		
d. Address:	• • • • • • • • • • • • • • • • • • • •					
* Street1:	4401 Sunset Blv	rd W				
Street2:		~_~~			DECENTED	
' City:	Los Angeles			~~~	RECEIVED	
County:	Los Angeles			· · · · · · · · · · · · · · · · · · ·	APR 0 5 2007	
* State:	CA		<u> </u>		111111111111111111111111111111111111111	
Pravince:					STATE CLEARING HOUSE	
Country:	USA: United Sta	ates				
"Zip / Postal Co	ode: 90027-					
e. Organization	nal Unit:					
Department Nar	me:		T	Division Name:		•
Engineering an	d Operations					•
f. Name and co	ontact information of	parson to be contacted on	m	atters involving this applicati	on:	
Prefix;	Ms.	First Name	a:	Susan		
Middle Name:	Erburu					
. * Lest Name:	Reardon	•				
Suffix:						
Title: Executiv	e Vice President		~~			٠
Organizational A	Affiliation:					
KCET/Commun	nity Television of South	nern Callfornia				
Telephone Nu	mber: (323) 953-5282	!		Fax Number: (323) 664-3638	
Email: srea	rdon@kcet.org					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
М	
Type of Applicant 2: Select Applicant Type:	 1
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
* 10. Name of Federal Agency:	
NTIA / OTIA / PTFP	
11. Catalog of Federal Domestic Assistance Number:	
CEDA Title:	
Public Telecommunications Facilities Program	l
* 12. Funding Opportunity Number:	
ТВА	•
* Title:	7
Public Telecommunications Facilities Program	
]
13. Competition Identification Number:	
Title	
·	
	,
14. Areas Affected by Project (Cities, Counties, States, etc):	
Los Angeles, Orange, Kern, San Luis Obispo, Santa Barbara, Ventura, San Bernardino, Riversida, San Diego, Imperial, and Inyo Counties (all counties located in California)	
Counties (all counties located in California)	
*15. Descriptive Title of Applicant's Project:	
Construction Project	
Constitution () rejust.	٠.
Attach supporting documents as apacified in agency instructions.	

APR-05-2007-THU 10:46 AM

Congressional Districts in KCET Broadcast Area:

- District 22
- District 23
- District 24
- District 25
- District 26
- District 27
- District 28
- District 29
- District 30
- District 31
- District 32
- District 33
- DISUICE 33
- District 34
- District 35
- District 36
- District 37
- District 38
- District 39
- District 40
- District 41
- District 42
- District 43
- D13010143
- District 44
- District 45
- District 46
- District 47
- District 48
- District 49
- District 51

Application f	or Federal Assistan	ce SF-424				Version 02
16. Congression	al Districts Of:		· · · · · · · · · · · · · · · · · · ·	,		
l	31		•	b. Program/Project	see atlached	
Attach an addition	nat list of Program/Project	Congressional Districts If	needed.	,		
17, Proposed Pr	oject:					
a. Start Date:	10/01/2007			⁼ b. End Date:	03/31/2009	
16. Estimated Fu	unding (\$):					
* a. Federal	490,000					
* b. Applicant	490,000		•			
• c, State						
d. Local						
* e. Other						
f. Program Incom	me					
F g. TOTAL	980,000					
* 20. Is the Appli Yes 21. *By signing therin are true, comply with any may subject me * I AGREE	this application, I certify omplete and accurate to resulting terms if I accet to criminal, civil, or admirant and assurances,	Federal Debt? (If "Yes" (1) to the statements or the best of my knowled pt an award, I am award inistrative penalties. (U	ntained In the ligge. I also provid that thy false, fi S. Code, Title 21	st of certifications e the required ass ctitlous, or fraudu 8, Section 1001)	urances " and agre lent statements or o	a to claims
Authorized Repr	esentative:					
Prefix: N	1s.	* First Name:	Susan			
Middle Name:	rburu					
*Last Name: R	leardon					
Suffix:						
Title: Execut	ve Vice President	•				•
* Telephone Num	ber: (323) 953-5282		Fax No	ımber: (323) 664-	3638	
* Email: sreardo	n@kcel.org		·~ \		-	
* Signature of Aut	horized Representative:	Julan Cibrur	1 casons	le Signed: 04	104/07	

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Application for Federal Ass	sistance SF-424			Version 02				
* 1. Type of Submission:	* 2. Type of Application:	" If Revision, select appro	priate letter(s):					
Preapplication	☑ New							
✓ Application	☐ Continuation	Other (Specify)						
Changed/Corrected Application	Revision			·				
3. Date Received:	4. Applicant Identifier:							
5a. Federal Entity Identifier:		* 5b. Federal Award Id	entiñer:					
gbell								
State Use Only:								
6, Date Received by State:	7. State Application	on Identifier:						
B. APPLICANT INFORMATION:								
* a. Legal Name: KCET/Communi	y Television of Southern Cali	fornia						
b. Employer/Texpayer Identification	Number (EIN/TIN):	c. Organizational DUI	NS:					
95-2211661	<u> </u>	00-676-1348						
d. Address:								
* Street1: 4401 Sunset B	vd W							
Şireel2:								
* City: Los Angeles			RECEIVED					
County: Los Angeles	·		APR 0 5 2007					
State: CA			A1 K 0 3 2007					
Province:			STATE CLEARING HOUSE					
* Country: USA: United S	tates	AUT 1 1	L. JELANING HOUSE					
Zip / Postal Code: 90027-	•							
e, Organizational Unit:								
Department Name:		Division Name;						
Engineering and Operations; Produc	ellon							
f. Name and contact information o	f person to be contacted or	n matters involving this a	pplication:					
Prefix; Ms.	· * First Nam	e: Susan						
Middle Name: Erburu								
*Lest Name: Reardon								
Suffix:								
Title: Executive Vice President	Title: Executive Vice President							
Organizational Affiliation:								
KCET/Community Television of Southern California								
• Telephone Number: (323) 953-528	2	Fax Number:	.(323) 664-3638					
*Email: areardon@kcet.org								

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
10. Name of Federal Agency:	
NTIA /-OTIA-/-PFFP	
11. Catalog of Federal Domastic Assistance Number:	
11.550	
CEDA Title	
Public Telecommunications Facilities Program	
12. Funding Opportunity Number:	
TBA	•
Title:	
Public Telecommunications Facilities Program	
	·
13. Competition Identification Number:	
Title	
	,
14. Areas Affected by Project (Cities, Countles, States, etc):	
All states in United States (cameras and equipment requested will be used for producing programs seen on PBS stations nation	wide).
15. Descriptive Title of Applicant's Project:	
Construction Project	

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
* a. Applicant 31 b. Program/Project all in all states	
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a, Start Date: 10/01/2007 * b. End Date: 03/31/2008	
18, Estimated Funding (\$):	
* a. Federal 727,500	
* b. Applicant 727,500	
to. State .	
* d. Local	
" a. Other	
* f, Program Income	
gTOTAL 1,455,000	
* 20. Is the Applicant Dalinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the herin are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and a comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcer specific instructions.	or claims
· · · · · · · · · · · · · · · · · · ·	
Authorized Representative: Prefix: Ms. * First Name: Susan	· ·
Middle Name: Erburu	
* Last Name: Reardon	
* Title: Executive Vice President	
* Email: sreardon@kcei.org	
* Signature of Authorized Representative: Julan Cabuu 1 Randone Signed: 4/04/07	

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

Application for F	Application for Federal Assistance SF-424 Version 02								
* 1. Type of Submission Preapplication Application Changed/Correcte		✓ Nev	oe of Application: v ntinuation /ision		vision, select appropr · (Specify)	iate letter(s):			
* 3. Date Received:		4. App	licant Identifier:						
									
5a. Federal Entity Ide	ntifier:			* 5b	. Federal Award Iden	tifier:	RECEIVE APR - 6 20	ED \	
terryg							RECLI	m7 \	
State Use Only:							APR - 6 CI	,00	
6. Date Received by S	State:		7. State Application	n Identi	fier:		STATE CLEARING	HOUSE	
8. APPLICANT INFO	RMATION:						SIATE	T ST TO THE FORWARD STATE STAT	
* a. Legal Name: Pa	ataphysical Broa	adcasting	g Foundation, Inc.						
* b. Employer/Taxpay	er Identification	Number	(EIN/TIN):	* c.	Organizational DUNS	S:			
94-1748316				06-9	913-0607	-			
d. Address:							•		
* Street1:	203 8th Ave.								
Street2:		***************************************							
* City:	Santa Cruz					-			
County:	Santa Cruz						•		
* State:	CA					g Internation			
Province:								· 	
* Country:	USA: United St	ates						·	
* Zip / Postal Code:	95062-4610								
e. Organizational Un	nit:								
Department Name:				Divi	Division Name:				
f. Name and contact	information of	person	to be contacted on	matte	rs involving this app	plication:			
Prefix:			* First Nam	e: T	erry	-			
Middle Name: W.									
* Last Name: Green	Last Name: Green								
Suffix:									
Title: General Mana	Title: General Manager								
Organizational Affiliation:									
* Telephone Number:	(831) 476-280	0			Fax Number:	(831) 476-2	2802		
* Email: terryg@kı	ISD Ord								

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	٦.
Other (specify):	
* 10. Name of Federal Agency:	
NTIA / OTIA / PTFP	
11. Catalog of Federal Domestic Assistance Number:	
11.550	
CFDA Title:	•
Public Telecommunications Facilities Program .	
* 12. Funding Opportunity Number:	
ТВА	
* Title:	
Public Telecommunications Facilities Program	
13. Competition Identification Number:	
Title	
14. Areas Affected by Project (Cities, Counties, States, etc):	
Santa Cruz, Monterey, San Benito, southern Santa Clara, northern San Luis Obispo Counties, California	,
* 15. Descriptive Title of Applicant's Project:	
Construction Project	
Attach supporting documents as specified in agency instructions.	·

Application	for Federal Assistance SF-424	Version	on 02					
16. Congressio * a. Applicant	nal Districts Of:	* b. Program/Project						
	onal list of Program/Project Congressional Dist							
Allach an additi	orial list of Programm Toject Congressional Dist	india il ficcidad.						
17. Proposed P	Project:							
* a. Start Date:		* b. End Date: 09/30/2008	,					
18. Estimated F	Funding (\$):							
* a. Federal	8,730		,					
* b. Applicant	8,730							
* c. State								
* d. Local								
* e. Other								
* f. Program Inc	ome	,						
* g. TOTAL	17,460							
a. This applic b. Program is c. Program is * 20. Is the App Yes 21. *By signing	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herin are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims							
** I AGREE								
** The list of cer specific instruct	tifications and assurances, or an internet site wons.	here you may obtain this list, is contained in the announcement or agency						
Authorized Re	Authorized Representative:							
Prefix:	* First N	lame: Terry						
Middle Name:	W.							
* Last Name:	Green							
Suffix:								
* Title: General Manager								
* Telephone Nu	mber: (831) 476-2800	Fax Number: (831) 476-2802						
* Email: terryg	@kusp.org							
* Cianatura of A	uthorized Penrocentative:	* Date Signed: April 3, 7007						

Application for I	Federal Assis	tance SF-4	124			estantis. Prostationelles		Vo	ersion 02
* 1. Type of Submissi	ion:	* 2. Type of	Application:	* If Revision,	select appropriat	te letter(s):			
☐ Preapplication		✓ New							
✓ Application ☐ Cor			tion	* Other (Spec	cify)				
Changed/Corrected	d Application	Revision	[
* 3. Date Received:		4. Applicant	Identifier:					Mich. Ber T. Ger T. G. Anderson, Agreedy Colorer and Merc Phalmhol Colorer of Colorer	
Completed by Grants.gov to	Completed by Grants.gov upon submission.								
5a. Federal Entity Identifier: * 5b. Federal Award Identifier:									
State Use Only:	AND THE RESERVE AND THE PARTY OF THE PARTY O		ESCHOOL BOOK MANDE PARTY CHEST CONTROL AND TO 199						
6. Date Received by 8	State:	7. S	State Application	n Identifier:					
8. APPLICANT INFO	RMATION:						opit para stalliminista kiristootiosi oppavoja markikoolikkoolikkoolikkoolikkoolikkoolikkoolikkoolikkoolikkool	NOVALANCA SETTEMA O SIGNA SERVICIO SE SERVICIO SE	ender den willede en skjørhe nesk spilites som kester f
* a. Legal Name: W/	ASET, INC.								
* b. Employer/Taxpaye	er Identification N	umber (EIN/TII	N):	* c. Orga	nizational DUNS	3 :			
95-4354411			07141200)6					
d. Address:	H-A-1								
* Street1:	3460 S. BROAD	WAY					RECE	IVED	
Street2:							B & Children Ch.		
* City:	LOS ANGELES						APR 1	1 2007	Market seasons
County:	LOS ANGELES						STATE CLEAR	ING HOUSE	
* State:					CA: California		STATE OLLAN	111011000	
Province:									
* Country:				JSA: UNITEI	D STATES				
* Zip / Postal Code:	90007								en e
e. Organizational U	nit:								nagana aya gayayi cashawki XXXX
Department Name:				Division N	Vame:				
DEPT. OF HOUSING	& URBAN DEVE	L		ELDERL	Y HOUSING				
f. Name and contact	information of	person to be	contacted on r	natters inv	olving this app	lication:			erikarogykternykervyteriyt (8.17m
Prefix: Ms.			* First Nam	e: NOEL					
Middle Name:									
* Last Name: SWEI	TZER								
Suffix:									
Title: PRESIDENT									
Organizational Affiliation:									
HOUSING DEVELOP	MENT SERVICE	S, INC.							
* Telephone Number:	323 231-1107				Fax Number:	323 232-009	94		
* Email: HDSIMGM	IT@AOL.COM								

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	rouncementeen APP-VIII-VIII-VIII-VIII-VIII-VIII-VIII-V
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	existents the said blooms community manufall and previously a real forest motional
FR-5100-N-07	
* Title:	
Section 202 Supportive Housing for the E	
13. Competition Identification Number:	
S202-07	
Title:	<u>-</u>
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Riverside County, Hemet, Perris, San Jancinto,Banning, Beaumont & possibly Yucaipa	
* 15. Descriptive Title of Applicant's Project:	
OASIS SENIOR VILLA, a 65 unit affordalbe housing project to be located in Hemet, California	
Attach supporting documents as specified in agency instructions.	nki digu alam yang kang manangan sang mangan di ahada da kang tang an da ga sa sang manangan da da ga sa sang Manangan manangan mangan sang manangan sang manangan sang manangan sang manangan sang sang sang sang sang sang
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistar	nce SF-424	The second secon	Version 02			
16. Congression	onal Districts Of:	The second control of	Make the state of				
* a. Applicant	CA31		* b. Program/Project	CA45			
Attach an additi	onal list of Program/Project	Congressional Districts if need	led.				
		Add Attachment Delete	Attachment View Attachment				
17. Proposed I	Project:						
* a. Start Date:	09/30/2008		* b. End Date	: 09/30/2008			
18. Estimated	Funding (\$):						
* a. Federal		9,499,257.00		The distribution of the di			
* b. Applicant		10,000.00					
* c. State		3,500,000.00					
* d. Local		400,000.00					
* e. Other							
* f. Program Inc	come						
* g. TOTAL		13,409,257.00					
* 19. Is Applica	tion Subject to Review B	y State Under Executive Ord	er 12372 Process?				
🗸 a. This applic	cation was made available to	the State under the Executive	Order 12372 Process for review on	04/04/2007 .			
b. Program is	s subject to E.O. 12372 but	has not been selected by the S	tate for review.				
c. Program is	not covered by E.O. 1237	2.					
* 20. is the App	licant Delinquent On Any	Federal Debt? (If "Yes", pro	vide explanation.)				
Yes	✓ No Exp	anation					
herein are true comply with ar may subject m	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency						
Authorized Representative:							
Prefix:		* First Name: P	ATRICIA				
Middle Name:		<u></u>					
* Last Name:	SWEARINGER						
Suffix:							
* Title: SECR	ETARY, WASET, INC.						
* Telephone Nun	nber: 323 231-1107		Fax Number: 323 232-009	94			
* Email: HDS	MGMT@AOL.COM						
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signad: Completed by Grants.gov upon submission.							

Applicatio	n for Federal As	sistanc	e SF-424				Version 02	
* 1. Type of S	ubmission:	* 2. Ty	ype of Application:	* If Revis	ion, select appro	priate letter(s):		
☐ Preapplica	tion	✓ Ne	ew .					
✓ Application	1	☐ Co	ontinuation	* Other (8	Specify)			
Changed/0	Corrected Application	☐ Re	evision		-		Book Room Var Book II News Book	
* 3. Date Received: 4. Applicant Identifier:						Thursday Common V bream board		
							APR 1 0 2007	
5a. Federal Er	ntity Identifier:	-		* 5b. F	ederal Award Ide	entifier:	STATE ÇLEARING HOUSE	
scpr STATE OF ATTION OF THE STATE OF THE STA							TOTALL YELL MINIOUSE	
State Use On	ly:							
6. Date Receiv	ved by State: 04/0	5/2007	7. State Application	n Identifier	:			
8. APPLICAN	T INFORMATION:							
* a. Legal Nam	ne: Southern Califo	nia Public	Radio (SCPR)					
* b. Employer/	Taxpayer Identificatio	n Number	· (EIN/TIN):	* c. Org	ganizational DUN	1 S:		
95-4765734				12-732	-5657			
d. Address:								
* Street1:	261 South Fig	ieroa Stre	et					
Street2:	Suite 200							
* City:	Los Angeles							
County:	Los Angeles							
* State:	CA							
Province:								
* Country:	USA: United 5	tates				· · · · · · · · · · · · · · · · · · ·		
* Zip / Postal C	ode: 90012-2503							
e. Organizatio	nal Unit:	***************************************				***************************************		
Department Na	ıme:			Division	Name:			
KUOR-FM								
f. Name and c	ontact Information o	f person	to be contacted on	matters in	volving this ap	plication:		
Prefix:	Mr.		* First Name	: Felix				
Middle Name:	Victor							
* Last Name:	Racelis	elis						
Suffix:								
Title: Founda	tion Relations Manag	er						
Organizational	Affiliation:			******************				
SCPR								
* Telephone Nu	ımber: (213) 621-343	1			Fax Number:	(213) 621-3508		
* Email: frac	elis@scpr.org							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
* 10. Name of Federal Agency:	
NTIA / OTIA / PTFP	
11. Catalog of Federal Domestic Assistance Number:	
11.550	
CFDA Title:	
Public Telecommunications Facilities Program	
* 12. Funding Opportunity Number:	
ТВА	
* Title:	
Public Telecommunications Facilities Program	
13. Competition Identification Number:	
Title	
14. Areas Affected by Project (Cities, Counties, States, etc):	
The project affects Riverside and San Bernardino Counties (CA). KUOR-FM will reach 13,656 households with a population of 39,786 in Riverside Co., and 180,583 households with a population of 457,892 in San Bernardino Co. for a total population of 497,678	
* 15. Descriptive Title of Applicant's Project:	
Construction Project	
Attach supporting documents as specified in agency instructions.	

Application	n for Federal Assista	ance SF-424 Version 02
16. Congress	ional Districts Of:	
* a. Applicant	34	* b. Program/Project CA 25, 34, 40, 41, 42, 43, 44, 45, 46, 47, 48,
Attach an add	itional list of Program/Projec	ect Congressional Districts if needed.
17. Proposed	Project:	
* a. Start Date	10/01/2007	* b. End Date: 09/30/2008
18. Estimated	Funding (\$):	
* a. Federal	125,718	
* b. Applicant	125,718	
* c. State		
* d. Local		
* e. Other		
* f. Program In	come	
* g. TOTAL	251,436	
a. This appl	ication was made available	By State Under Executive Order 12372 Process? to the State under the Executive Order 12372 Process for review on ut has not been selected by the State for review.
	s not covered by E.O. 1237	
* 20. Is the Ap	plicant Delinquent On An	ny Federal Debt? (If "Yes", provide explanation.)
Yes	✓ No	
comply with a	nv resulting terms if I acc	fy (1) to the statements contained in the list of certifications** and (2) that the statements to the best of my knowledge. I also provide the required assurances** and agree to cept an award. I am aware that thy false, fictitious, or fraudulent statements or claims iministrative penalties. (U.S. Code, Title 218, Section 1001)
▼ ** I AGREE		
** The list of ce specific instruc	rtifications and assurances, lions.	s, or an internet site where you may obtain this list, is contained in the announcement or agency
Authorized Re	presentative:	
Prefix:	Mr.	* First Name: Thomas
Middle Name:	William	
* Last Name:	Davis	
Suffix:		
* Title: Presi	dent and CEO	
* Telephone Nu	mber: (213) 621-3590	Fax Number: (213) 621-3508
* Email: bdavi	s@scpr.org	
* Signature of A	authorized Representative:	1/2 and 1.11 . * Date Signed: DV 05 07

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED March 27, 2007		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGE		Federal Identif	ier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit		
City of Watsonville			Department: Airports		
Organizational DUNS: 030414994	CONTRACTOR OF SHEET AND SH	THE PARTY OF THE PARTY BUT OF THE PROPERTY OF THE PARTY O	Division:		
	The state of the s		Name and telephon	a number of ne	rson to be contacted on matters
Address: Street:		ners (f. 307 downey Steam)	involving this appli		
100 Aviation Way	APR 1	0 2007	Prefix: Mr.	First Name: Donald	
City: Watsonville		DINGLIGHEE	Middle Name E.		
County: Santa Cruz	The state of the s	RING HOUSE	Last Name French		
State: California	Zip Code 95076		Suffix:		
Country: USA			Email: dfrench@ci.w	atsonville.ca.us	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
94-6000451	_		(831) 728-6075		(831) 763-4058
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
☑ Nev		n Revision	C. Municipal		
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es) of letters.)		Other (specify)		
Other (specify) Revise Scope of Work			9. NAME OF FEDER Federal Aviation		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE T	TILE OF APPLI	CANT'S PROJECT:
		20-106	Watsonville Municip	al Airport, Watso	nville, Santa Cruz County,
TITLE (Name of Program): Airport Improvement Progr	ram	2 0-1 00	California Environmental	Assessment	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
City of Watsonville, California					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
2007 15. ESTIMATED FUNDING:	2007		17	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING.			ODDED 40070 DDO	25000	
a. Federal \$		297,920		DEL TO THE OT	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		8,232		SS FOR REVIE\	W ON
c. State \$		7,448	DATE: I	March 31, 2007	
d. Local \$.00	b. No. 🎵 PROGR	AM IS NOT CO\	/ERED BY E. O. 12372
e. Other \$	1 10 00000	.00	FOR RE	VIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		313,600	Yes If "Yes" attac	•	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AN	ICATION ARE THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			A . 1 . 1	a Name -	
Prefix Mr.	First Name Donald		E.	e Name	
Last Name French			Suffix		
b. Title c. Telephone Number (give area code) Airport Manager (831) 728-6075					
d. Signature of Authorized Repre	esentative	1 (/	e. Da	te Signed 🦳 🔾	(-02 -02

Version 7/03

			1000		-				X. 0010. 01.0 1/2
Applicatio	n for Feder	ral Assi	Sianc	e SF-424					Version
* 1. Type of Submission: * 2. Type of Application:				•	If Revision, select ap	propriate	eletter(s):		
Preapplica	ation		☑ Ne	w					
☑ Application	n		□ c₀	ntinuation	* Other (Specify)				
☐ Changed/	Corrected Appl	ication	☐ Re	vision					
* 3. Date Rec	eived:		4. Ap	plicant Identifier:					
			KCSM	4FM0307					
5a. Federal E	intity Identifier:					* 5b. Federal Award	Identifie	r.	
barbara48					٦			MATERIAL PROGRAMMENT OF THE PROGRAMMENT AND THE PROGRAMMENT OF THE PRO	1
State Use On	nly:							RECEIVED	
6. Date Recei	ved by State:			7. State Applicatio	n i	dentifier:		APR 1 0 2007	
8. APPLICAN	IT INFORMATI	ON:		1					
* a. Legal Nan			. 0					STATE CLEARING HOUSE	
			***************************************	unity College Distric	<u>t (</u> :			PROTECTION OF THE STATE OF THE	
	/Taxpayer Iden	tification M	Number	(EIN/TIN):	_	* c. Organizational D	UNS:	_	
94-3084147]	04-132-0797			
d. Address:									
* Street1:	1700 W	. Hillsdale	Boulev	/ard					
Street2:	Building	9							
* City:	San Ma	teo							
County:	San Mai	leo							
* State:	CA								
Province:									
* Country:	·	nited State	8						
Zip / Postal C	ode: 94402-3	784							
. Organizatio	nal Unit:								
Department Na	me:				C	Division Name:			
KCSM TV and	FM					-M Radio			ŀ
. Name and co	ntact informat	ion of pe	rson to	be contacted on n	nat	ters involving this a	pplication	on:	
refix:	Ms.		7	* First Name:		Michele			
fiddle Name: ☐	l.				_				
Last Name:	Muller								
uffix:									
tte: Director o	of Technology								
rganizational A	ffiliation:								
CSM TV & Rad									
elephone Num	nber: (650) 524	-6908				Fax Number:	(SEO) S	524 6079	
	le@kcsm.net	AND THE PROPERTY OF THE PROPER					(050) 5	524-6978	
THETHE	io@kcaiii.liet								1

D Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Other (specify): *10. Name of Federal Agency: NTIA / OTIA / PTEP 11. Catalog of Federal Domestic Assistance Number: 11.550 CEDA Tride: Public Telecommunications Facilities Program *12. Funding Opportunity Number: TEA *Tibe: Public Telecommunications Facilities Program 3. Competition Identification Number: Iitle Iitle I. Areas Affected by Project (Cities, Countles, States, etc): orthern California, including San Malso, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda countles 5. Descriptive Title of Applicant's Project: matucation Project	Application for Federal Assistance SF-424	Version 02
Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Other (specify): 1: 16. Name of Federal Agency: NTIA/ OTIA / PTFP 11. Cetalog of Federal Domestic Assistance Number: 11.500 CEDA. Title: Public Telecommunications Facilities Program 12. Funding Opportunity Number: TEA Title: Public Telecommunications Facilities Program 3. Competition Identification Number: Ille 6. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Maleo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project	9. Type of Applicant 1: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type: Other (specify): *10. Name of Federal Agency: NTIA / OTIA / PTFP 11. Catalog of Federal Domestic Assistance Number: 11.550 CEDA Title: Public Telecommunications Facilities Program *12. Funding Opportunity Number: TRA Title: Public Telecommunications Facilities Program 3. Competition Identification Number: title III. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Mateo, Santa Ciara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: matruction Project	D	
Other (specity): *10. Name of Federal Agency: NTIA / OTIA / PTFP 11. Catalog of Federal Domestic Assistance Number: 11.590 CEDA Titla: Public Telecommunications Facilities Program *12. Funding Opportunity Number: TBA Title: Public Telecommunications Facilities Program 3. Competition Identification Number: Illie 4. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: Instruction Project	Type of Applicant 2: Select Applicant Type:	
** 16. Name of Federal Agency: NTIA / OTIA / PTFP 11. Catalog of Federal Domestic Assistance Number: 11.50 CEPA Title: Public Telecommunications Facilities Program **12. Funding Opportunity Number: TBA **Title: Public Telecommunications Facilities Program **3. Competition Identification Number: **18. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties **5. Descriptive Title of Applicant's Project: Instruction Project **19. States of Project (Cities of Applicant's Project: Instruction Project	Type of Applicant 3: Select Applicant Type:	
11. Catalog of Federal Domestic Assistance Number: 11.550 CFDA Title: Public Telecommunications Facilities Program 12. Funding Opportunity Number: TBA Title: Public Telecommunications Facilities Program 3. Competition Identification Number: Iitle 4. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Maleo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project	Other (specify):	
11. Catalog of Federal Domestic Assistance Number: 11.550 CFDA Title: Public Telecommunications Facilities Program 12. Funding Opportunity Number: TBA Title: Public Telecommunications Facilities Program 3. Competition Identification Number: Ittle 4. Areas Affected by Project (Citles, Counties, States, etc): Orthern California, including San Maleo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: Instruction Project	* 10. Name of Federal Agency:	
11.550 CFDA Title: Public Telecommunications Facilities Program 1.12. Funding Opportunity Number: TBA Title: Public Telecommunications Facilities Program 3. Competition Identification Number: Ittle 4. Areas Affected by Project (Cities, Counties, States, etc): Porthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: Instruction Project	NTIA / OTIA / PTFP	
Title: Public Telecommunications Facilities Program 3. Competition Identification Number: ititle 6. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Maleo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project	11. Catalog of Federal Domestic Assistance Number: 11.550 CFDA Titla: Public Telecommunications Facilities Program	7
Title: Public Telecommunications Facilities Program 3. Competition Identification Number: iitle 6. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project	* 12. Funding Opportunity Number:	
3. Competition Identification Number: ititle 6. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Maleo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project	TBA	
3. Competition Identification Number: iitie 8. Areas Affected by Project (Cities, Counties, States, etc): orthern California, including San Maleo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project	* Title:	
itie A. Areas Affected by Project (Cities, Countles, States, etc): orthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project	Public Telecommunications Facilities Program	
6. Areas Affected by Project (Cities, Counties, States, etc): Orthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: Onstruction Project	13. Competition Identification Number:	
6. Areas Affected by Project (Cities, Counties, States, etc): Orthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: Onstruction Project		
orthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project	Title	
orthern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties 5. Descriptive Title of Applicant's Project: onstruction Project		
5. Descriptive Title of Applicant's Project: onstruction Project	4. Areas Affected by Project (Cities, Counties, States, etc):	
onstruction Project	Northern California, including San Mateo, Santa Clara, San Francisco, Marin, Conta Costa, Solano and Alameda counties	
	15. Descriptive Title of Applicant's Project:	
ach supporting documents as specified in agency instructions.	construction Project	
	tach supporting documents as specified in agency instructions.	

Application	on for Federal Ass	istance SF-424	Version 02
_	sional Districts Of:		
* a. Applicant	12	* b. Program/Project 6,7,8,9,10,12,13,14	
Attach an add	ditional list of Program/P	Project Congressional Districts if needed.	
17. Propose	d Project:		
* a. Start Date	e: 10/01/2007	* b. End Date: 09/30/2008	
18. Estimate	d Funding (\$):		
* a. Federal	28,300		
* b. Applicant	28,300		
* c. State			
* d. Local			
* e. Other			
* f. Program in	ncome		
* g. TOTAL	56,600		
comply with a may subject n ** I AGREE	ny resulting terms if I a ne to criminal, civil, or a	rtify (1) to the statements contained in the list of certifications. and (2) that the statement is to the best of my knowledge. I also provide the required assurances. and agree to accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims administrative penalties. (U.S. Code, Title 218, Section 1001) es, or an internet site where you may obtain this list, is contained in the announcement or agen	
Authorized Re	presentative:		
Prefix:	Mr.	* First Name: James	
fiddle Name:	W.		
Last Name:	Keller		
uffix:			
Title: Execut	tive Vice Chancellor		
elephone Num	nber: (650) 358-6790	Fax Number: () -	
mail: jkeller@	smccd.net		
ignature of Aut	horized Representative:	Date Signed: 4 4 02	
		Date Signed: 4 4 07	

Authorized for Local Reproduction

APPLICATION FOR PTFP FUNDS PAGE PTFP-2

Public elecommunications Fac lies Program

NTIA/Department of Commerce/Washington DC 20230

OMB Approval 0660-0003

Enter "Y" if 23b. Old Reactivation N File #	24. Main Sta Call Lette		91.1 MHz	TV	Chann		
✓ YesNo Have you previously	received a PTFP						
Enter letter(s) to classify project							
(P) lanning or (R)adio or (C) onstruction C or (RT) for	(T)V both <u>R</u>	(B)roadcast or (N or (BN) for both)onbroadca	st _B_	under wr	Priority of Ca nich you reque on be reviewe	st the
For NEW BROADCAST station, repeater, of persons that the project will benefit.	or translator applic	cations, enter the nu	mber 29.	Engineerin	g Contact		
Population currently without a signal that	T	1		Name	Michele	Muller	
will receive its first signal from the proposed facility				Title	Director	of Technol	ogy
Population currently receiving a signal from	0			Phone	(650) 52	4-6908	
another public station that will also receive a signal from the proposed facility				Email add	ress michele	@kcsm.net	
		i i					
Summary of the application (Summarize the CSM Radio requests funding ass					stablish vital	, dedicated	, HD F
Summary of the application (Summarize the KCSM Radio requests funding assignating capabilities. Enter Y if New FCC Authorizations and/or N	e purposes of the istance to com	nplete radio digit	al conver	sion to es			, HD F
Summary of the application (Summarize the KCSM Radio requests funding assignations) and the contractions of the contractions of the contractions are contracted as the contractions of the contraction	e purposes of the istance to com	nplete radio digit	al conver	sion to es	the following to		, HD R
Summary of the application (Summarize the KCSM Radio requests funding assimulticasting capabilities. Enter Y if New FCC Authorizations and/or N	e purposes of the istance to com	uired for the project	al conver	sion to es	the following to	able).	
Summary of the application (Summarize the KCSM Radio requests funding assimulticasting capabilities. Enter Y if New FCC Authorizations and/or N	e purposes of the istance to com	uired for the project	al conver	sion to es	the following to	able).	
Summary of the application (Summarize the KCSM Radio requests funding assimulticasting capabilities. Enter Y if New FCC Authorizations and/or N	e purposes of the istance to com	uired for the project	al conver	sion to es	the following to	able).	
Summary of the application (Summarize the KCSM Radio requests funding assimulticasting capabilities. Enter Y if New FCC Authorizations and/or N	e purposes of the istance to com	uired for the project	al conver	sion to es	the following to	able).	
Summary of the application (Summarize the KCSM Radio requests funding assimulticasting capabilities. Enter Y if New FCC Authorizations and/or N	e purposes of the istance to com	uired for the project	al conver	sion to es	the following to	able).	
Summary of the application (Summarize the KCSM Radio requests funding assimulticasting capabilities. Enter Y if New FCC Authorizations and/or N	e purposes of the istance to com	uired for the project	al conver	sion to es	the following to	able).	
Summary of the application (Summarize the CCSM Radio requests funding associations) nulticasting capabilities. Enter Y if New FCC Authorizations and/or New Proposed Community of license	e purposes of the istance to com	uired for the project	al conver	sion to es	e the following to	able). Owned	
Summary of the application (Summarize the KCSM Radio requests funding assimulticasting capabilities. Enter Y if New FCC Authorizations and/or N	e purposes of the istance to com	uired for the project FCC File #	al conver	sion to es	arme	able). Owned	
Summary of the application (Summarize the CCSM Radio requests funding associations) nulticasting capabilities. Enter Y if New FCC Authorizations and/or Note to Proposed Community of license Yes No Have you applied to, in	e purposes of the istance to com	uired for the project FCC File #	m another ding the oth	Sion to es	arme	or this project to this page.	

type signal to the proposed service	
City	Call Letters
San Francisco, CA	KALW
City	Call Letters
San Francisco, CA	KRCB
City	Call Letters
San Francisco, CA	KUSF

35. Station Operations	THIS	YEAR		IF PROJECT
	Number Hrs./Wk		Number	Hrs./Wk
Full-Time Staff	27	37	27	37
Part-Time Staff	31	20	31	20
Volunteers	10	10	10	10
Operating Budget		4,500,000	•	4,500,000

Continuation of Question 23, "List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area."

City

Call Letters

San Francisco, CA

KQED

Berkeley, CA

KPFA

Los Altos, CA

KFJC

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBI	MITTED	Applicant Identifier
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION			
Pre-application Application	4. Federal Ide	entifier	
Changed/Corrected Application			
5. APPLICANT INFORMATION		* Organizationa	1 DUNS: 11364513 ECEVED
* Legal Name: The Regents of the University of Califo	rnia		
Department:	Division:		APR 1 0 2007
Street1: 5200 North Lake Road	Street2: U	niversity of California, Merced	CTATE CLEARING HOUSE
Coty: Merced Co	unty:		*State: CASCAMOT CLEARING HOUSE
Province:	Country: JNIT	ED ST * ZIP / Postal Code:	95343
Person to be contacted on malters involving this applic	ation		
Prefix: * First Name:	Middle Name:		ast Name: Suffix:
Thea	J	Vi	cari
* Phone Number: (209) 228-4318 F	Fax Number:		Email: spo@ucmerced.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT	
27-0093858		H: Public/Sta	e Controlled Institution of Higher Education
8.* TYPE OF APPLICATION: V New		Other (Specify):	
Resubmission Renewal Continuation	Revision	Si ୌଲୀ Women Owned	nall Business Organization Type ি Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).	D I'm	9. * NAME OF FEDERAL A	GENCY:
্রি A. Increase Award ্রি B. Decrease Award ্রি C. In	crease Duration	Chicago Service Center	
[R] D. Decrease Duration [6] E. Other (specify)		10. CATALOG OF FEDERA	AL DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies?	Yes∏ No.	81.049	
What other Agencies?		TITLE: Office of Science F	inancial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE			
Subalpine and alpine species range shifts with climate	change: lemperat	ture and soil moisture manipul	ations to lest species and population responses
12. * AREAS AFFECTED BY PROJECT (cities, counti	ies, states, etc.)		
California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DIS	
* Start Date * Ending Date	}	a. * Applicant	b. * Project
<u> </u>			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: "First Name:	Middle Name:		ast Name; Suffix:
Prof. Lara	M	Ku	eppers
Position/Title: Assistant Professor	* Organization	on Name: The Regents of th	e University of California
Department: School of Natural Sciences	Division:		
* Street1: 5200 North Lake Road	Street2:	University of Calif	ornia, Merced
* City: Merced Co	ounty:		* State: CA: Califon
Province:	* Country: JNIT	ED ST ZIP / Postal Cod	95343
* Phone Number: (209) 228-4054 F	ax Number:		* Email: lkueppers@ucmerced.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

UC MERCED SSHA OFFICE OF

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIE ORDER 12372 PROCESS?	W BY STATE EXECUTIVE		
	tify (1) to the statements contain	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 04/10/2007 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW sined in the list of certifications* and (2) that the statements herein are so provide the required assurances * and agree to comply with any fictitious, or fraudulent statements or claims may subject me to			
criminal, civil, or administrative <u>√</u> : • I agree	penalties. (U.S. Code, Title 18,	Section 1001) in this list, is contained in the announcement or agenc			
19. Authorized Representative	Middle Name:	* Last Name:	Suffix:		
Prefix: * First Name:	J.	Traina			
* Position/Title: Vice Chancellor for R	esearch * Organizati	ation: The Regents of the University of California			
	Division:				
Department:		University of California, Merced	_		
* Street1: 5200 North Lake Road			: Califon		
* City: Merced	County:		7		
Province:	* Country: JNIT	ED ST ZIP / Postal Code: 95343			
* Phone Number: (209) 228-4341	Fax Number:	* Email: spo@u	Jcmerced.edu		
* Signature of Autho	rizad Renresentative	* Date Sig	gned		
Completed on submi	·	Completed on submiss	ion to Grants.gov		
20. Pre-application		Add Attachment	o s Rozporsenii (New Alicolin e. c.)		
21. Attach an additional list of Proj		eeded.			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR		Processing of the Control of the Con	}		Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 5, 2007		Applicant Ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	ENCY Federal Identi	fier
✓ Non-Construction	☑ Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizationa	al Unit	
	and a Danielan of C	N 9 1.	Department:	ai Onit.	
Central Coast Resource Conser Organizational DUNS:	vation & Development C	ouncii, inc.	Division		
959661075	Secretary and the second secon	and the second s	Division:		
Address: Street:	- HEC	P. IV/Page 1		ephone number of pe application (give are	rson to be contacted on matters
545 Main Street, Suite B-1		LIVED /	Prefix:	First Name:	a coue)
City: Morro Bay	REC.	0 2007	Middle Name	Jeff	
County: San Luis Obispo	STATE CLEAR	RING	Last Name Rodriguez		
State: CA	Zip Code 93442	HOUSE	Suffix:		
Country: USA		The same of the sa	Email: jeff.rodriguez@	gra riega dov	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)
47-0882249	1		(805) 772-5623	3	(805) 772 4398
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
Z Nev		n 🔲 Revision	Not For Profit (Organization	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)	J	
Other (specify)			9 NAME OF F	EDERAL AGENCY:	
Other (aposity)	And the second second		USDA Rural D	evelopment	en e
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	TIVE TITLE OF APPLI	CANT'S PROJECT:
				Marketing Cooperative Illy Grown Produce and	Business for the Processing and
TITLE (Name of Program): Rural Business Enterprise Gran	1		Sale of Certifa	illy Glown Floduce and	I Weat Froducts
12. AREAS AFFECTED BY PR		, States, etc.):	_		
Monterey, San Luis Obispo, and	Santa Barbara Counties	5			
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date: 01/01/08	Ending Date: 12/31/08	•	a. Applicant 14,15,16,17,22	0 00 04	b. Project 17,22,23,
15. ESTIMATED FUNDING:	12/31/08				REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372	PROCESS?	VADDI ICATIONI WAS MADE
a. Federal \$		98,425	a. Yes. Av	AILABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$.00	PR	ROCESS FOR REVIEW	V ON
c. State \$. 00	DA	ATE:	
d. Local \$.00	b. No. 🗷 PR	ROGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		75,250 ·		R PROGRAM HAS NO DR REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		173,675 ·	Yes If "Yes'	" attach an explanation	. 🛛 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T			
a. Authorized Representative			· · · · · · · · · · · · · · · · · · ·		
Prefix	First Name Chuck			Middle Name	
Last Name Pritchard				Suffix	
b. Title President		0.,,		c. Telephone Number ((805)772-5623	give area code)
d. Signature of Authorized Repres	sentative Chuch	Pritchard	1	e. Date Signed April 5, 2007	

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			D TO CORPORATION FOR Applicant Identifier DMMUNITY SERVICE		
FEDERAL ASSIST		(61(65)			
1. TYPE OF SUBMISSION: Application	Pre-application	3. a. DATE RECEIVE	ED BY STATE	3 b. State Application Identifier	
☐ Construction ☑ Non-Construction 5. APPLICANT INFORMAT	Construction Non-Construction	4. a DATE RECEIVE	D BY CNCS	4 b. CNCS Grant Number	
5. APPLICANT INFORMATI	ION				
5 a. Legal Name:			5.b. Organizational DUNS:		
5.c Address: (give street addre	RECE APR I	EIVED 1 2007 ARING HOUSE	PERSON TO BE CONTACT (give area code) NAME: TELEPHONE NUMBER: (FAX NUMBER: (INTERNET E-MAIL ADDRI	-	
6. EMPLOYER IDENTIFICA	TION NUMBER (FIN):		WEBSITE:	(Extensional attacking horse)	
8. TYPE OF APPLICATION: New If Revision, enter appropriate 1 A. Augmentation: B: If C. No Cost Extension to	Continuation [etter(s) in box(es) Budget Revision (enter date) DOMESTIC ASSISTAN		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District Other (specify) 7 b. CNCS APPLICANT CHA	h blank:,,	
TITLE (Name of Program): A	meriCorps*VIS	ГА			
12. AREAS AFFECTED BY 13. PROPOSED PROJECT S DATE: MM/DD/YYYY			11 b. CNCS PROGRAM INI	TIATIVE (IF ANY):	
14: ESTIMATED FUNDING			15. IS APPLICATION SUBJ 12372 PROCESS?	ECT TO REVIEW BY STATE EXECUTIVE ORDER	
a. Federal \$ b. Applicant \$ c. State \$ N/A d. Local \$ N/A e. Other \$ N/A f. Program Income g. Total \$ \$ N.A			a. YES. THIS APPLICATIO EXECUTIVE ORDER 12372 DATE: B. NO. PROGRAM IS NOT COV OR PROGRAM HAS NE REVIEW 16. IS THE APPLICANT DE Yes If "Yes" attach an ext	T BEEN SELECTED BY STATE FOR LINQUENT ON ANY FEDERAL DEBT? lanation. \text{No}	
DOCUMENT HAS BEEN DU	ILY AUTHORIZED BY	THE GOVERNING BC	IIS APPLICATION/PREAPPLI	CATION ARE TRUE AND CORRECT. THE D THE APPLICANT WILL COMPLY WITH THE	
a. TYPED NAME OF AUTHOR	IF THE ASSISTANCE I	S AWARDED.	b. TITLE:	c. TELEPHONE NUMBER:	
A SIGNATURE OF AUTHOR	NIZED REPRESENTATI	VE:		DATE SIGNED:	

APPLICATION FOR		2 DATE SUDM	WITED.		Appliant Ida	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBM			Applicant Ide	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECE	IVED BY STAT	TE	State Applica	tion Identifier
Construction	Construction	4. DATE RECE	IVED BY FEDI	ERAL AGEI	NCY Federal Ident	ifier
Non-Construction	□ Non-Construction				68-0386518	
5. APPLICANT INFORMATION			10-		111-14.	
Legal Name:				janizational partment;	Unit:	The second secon
The CSU, Chico Research Four	ndation		<u>'</u>			
Organizational DUNS: 612177162	I PECE	IV/Emp	Divi	sion;		
Address:	I have	I V L. L.				erson to be contacted on matters
Street: CSU, Chico, Building 25	APR 1 1	2007	Pref		application (give are First Name:	ea code)
		2007			Çarol	
City: Chico	STATE OF BAR		Mide	dle Name		
County:	STATE CLEARIN	NG HOUSE	Last	Name		
Butte	7:- Code	TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	Sag Suff			***************************************
State: CA	Zip Code 95929-0870					
Country: USA			Ema	ail: :ager@csuc	hico.edu	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):				(give area code)	Fax Number (give area code)
68-0386518]		530-	-898-5700		530-898-6804
8. TYPE OF APPLICATION:			7. T	YPE OF AP	PLICANT: (See bad	k of form for Application Types)
New	Continuation	n 🗀 Rovisl		Nonprofit 50	•	
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)			r (specify)		
,						
Other (specify)					EDERAL AGENCY: elopment Agency (ED)A)
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11.	DESCRIPTI	VE TITLE OF APPL	ICANT'S PROJECT:
		10-7	RBI	EG - Job Cr	eation and Retention	through Talent Development
TITLE (Name of Program): Rural Business Enterprise Gran			0 0			
		C4-44- \.				
12. AREAS AFFECTED BY PRO	OJEC1 (Cities, Counties	s, States, etc.):				
Northern California				COMODES	BIONAL DISTRICTS	O.F.
13. PROPOSED PROJECT Start Date:	Ending Date:			pplicant	SIONAL DISTRICTS	b. Project
07/01/07	06/30/08		Sec	ond		Second
15. ESTIMATED FUNDING:					ATION SUBJECT TO PROCESS?	REVIEW BY STATE EXECUTIVE
a, Federal \$	1	400,000		THI K	S PREAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$		100,000	·	AV	AILABLE TO THE ST OCESS FOR REVIE	TATE EXECUTIVE ORDER 12372
		0 '				VV 0,V
c. State \$		- 00		DA.	TE: 04/11/07	
d. Local \$, Ou	b. N	lo. 🖂 PR	OGRAM IS NOT CO	VERED BY E. Q. 12372
e. Other \$.00			PROGRAM HAS NO	OT BEEN SELECTED BY STATE
f. Program Income \$	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.00	17.			NT ON ANY FEDERAL DEBT?
g. TOTAL S	···	100 000		Yas if "Yas"	attach an explanation	n. 🗷 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF.	100,000 ALL DATA IN T				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF I	AUTHORIZED BY THE	GOVERNING BO				
a. Authorized Representative	TE AGOIG I ANGE IS A	WARDED.				
Prefix	First Name Carol			N	Middle Name	
Last Name Sager				S	Suffix	(Silvi A)
b. Title					. Telephone Number	(give area code)
Director, Office of Sponsored Pr d. Signature of Authorized Repre					530-898-5700 a. Date Signed	1//
d. Signature dividinonized Repre					Data Oigned	4(1110)

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SF 424

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APR 1 2 2007

The SF 424 is part of the CPMP Annual Action Plan. SF 424 Torox EARING HOUSE fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet

May 15, 2007	B-07-06-0610	Type of	Submission	
Date Received by state	State Identifier	Application	Pre-application	
Date Received by HUD	Federal Identifier	☐ Construction	☐ Construction	
			☐ Non Construction	
Applicant Information				
City of Bakersfield		CA60228 BAKERSFIEL	D	
1600 Truxtun Avenue, Suite 3	00	02-8514136		
0		Organizational Unit		
Bakersfield	California	Economic & Communi	ty Development	
93301	Country U.S.A.	Community Developm		
Employer Identification Num		Kern		
95-6000672		7/1		
Applicant Type:		Specify Other Type if	necessary:	
Local Government: City		Specify Other Type		
Program Funding Catalogue of Federal Domesti	c Assistance Numbers; Desc	Housin	U.S. Department o g and Urban Developmen roject(s); Areas Affected by	
Project(s) (cities, Counties, loc				
Community Development Bl	ock Grant	14.218 Entitlement Gran	it	
CDBG Project Titles This program is designed to acupared the physical environmurban community.		Description of Areas Affe City of Bakersfield	ected by CDBG Project(s)	
\$CDBG Grant Amount	\$Additional HUD	Grant(s) Leveraged Descr	ibe	
\$3,403,927	\$0	, ` N/A		
\$Additional Federal Funds Lev \$0	reraged	\$Additional State Funds \$0	Leveraged	
\$Locally Leveraged Funds \$0		\$Grantee Funds Leverag	ged	
\$Anticipated Program Income \$250,000		Other (Describe) N/A		
Total Funds Leveraged for CD \$3,653,927	BG-based Project(s)			
Home Investment Partnershi	ps Program	14.239 HOME		
HOME Project Titles This program is designed to ac	Idress local housing needs	Description of Areas Affe City of Bakersfield	ected by HOME Project(s)	
\$HOME Grant Amount \$1,594,324		Grant(s) Leveraged Descr	ibe	
\$Additional Federal Funds Lev \$0		\$Additional State Funds	Leveraged	

\$Locally Leveraged Funds \$0			\$Gra \$0	antee Funds L	everaged		
\$Anticipated Program Incom- \$200,000	е			er (Describe)			
Total Funds Leveraged for H \$1,794,324	OME-based Project(s)						
Housing Opportunities for	People with AIDS	wat kanya	14.2	41 HOPWA			
HOPWA Project Titles N/A			Des N/A	cription of Are	as Affected by HOF	PWA Project(s)	
\$HOPWA Grant Amount N/A	\$Additional N/A	HUD	Grant	t(s) Leveraged	Describe N/A		
\$Additional Federal Funds Leveraged N/A			\$Add	ditional State F	unds Leveraged		
\$Locally Leveraged Funds N/A			\$Gra	antee Funds L	everaged		
\$Anticipated Program Incom- N/A	Э		Othe N/A	er (Describe)			:
Total Funds Leveraged for H N/A	OPWA-based Project(s)						
Emergency Shelter Grants	Program		14.2	31 ESG			
ESG Project Titles Provides funds to improve th shelters for the homeless, he emergency shelters, providin	lps meet the costs of op	eratin	y City		as Affected by ESG	Project(s)	
and prevention programs. \$ESG Grant Amount	\$Additional HUD G	rant(s) Leve	eraged	Describe		
\$146,267	\$0		lo		N/A -	The second secon	MARTIN SHERRY SUPERIOR & MARTIN SHERRY SHERRY SHERRY SHERRY
\$Additional Federal Funds Le	everaged		\$0		Funds Leveraged	RECE	IVED
\$Locally Leveraged Funds \$0			\$Grantee Funds Leveraged \$0			APR 1	2 2007
\$Anticipated Program Income \$0		Other (Describe) N/A				DING HOUSE	
Total Funds Leveraged for E	SG-based Project(s) N/A	\				STATE CLEA	RING HOUSE
Congressional Districts of: Applicant Districts 20 th and 21 st	Project Districts 20 th and 21 st			ation subject to ocess?	review by state Ex	recutive Order	
Is the applicant delinquent of "Yes" please include an add	on any federal debt? If		Yes	state EO 12	cation was made available to the 12372 process for review on 4/9/07		
explaining the situation. Yes	⊠ No		No N/A		not covered by EO s not been selected		
Person to be contacted regar	ding this application						
Donna	L.				Kunz		
Economic Development Di	rector (661) 326-3765				(661) 328-1548		
dkunz@bakersfieldcity.us	www.bakersfield				Other Contact		
Signature of Authorized Repr		,			Date Signed		

Application for Federal Assistan	ce SF-424		Version 02		
*1. Type of Submission:	*2. Type of Application	on * If Revision, select ap	opropriate letter(s)		
☐ Preapplication	⊠ New		`		
	☐ Continuation	*Other (Specify)			
☐ Changed/Corrected Application	Revision		RECEIVED		
3. Date Received: 4.	Applicant Identifier:		APR 1 3 2007		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: S-07-MC-06-0523			
State Use Only:			,		
6. Date Received by State: 7. State Application Identifier:					
8. APPLICANT INFORMATION:					
*a. Legal Name: City of Los Angeles		от в неводения в неводинения в неводения в неводения в неводения в неводения в неводения в неводения в неводен			
*b. Employer/Taxpayer Identification 95-6000735	Number (EIN/TIN):	*c. Organizational DUNS: 808255160			
d. Address:					
*Street 1: <u>1200 W. 7</u>	th Street, 9 th Floor				
Street 2:					
*City: Los Angele	es				
County: Los Angel	es	***************************************			
*State: <u>California</u>		•			
Province:		•			
*Country: <u>United Sta</u>	ites of America				
*Zip / Postal Code <u>90017</u>					
e. Organizational Unit:					
Department Name: Los Angeles Housing Department	•	Division Name:			
f. Name and contact information of	of person to be contac	cted on matters involving t	this application:		
Prefix: Mr.	*First Name:	Shahry Approv	ed as to Form and Legality		
Middle Name:		****	March 22, 2007		
*Last Name: <u>Deyhimy</u>		Rockard	d J. Delgadillo City Attorney		
Suffix:		By Je	Ma Jujan		
Title:					
Organizational Affiliation:					
Telephone Number: 213-808-893		Fax Number: 213-808-	-8611		
*Email: sdeyhimy@lahd.lacity.org					

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: C. City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: U.S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	•
14.231	
CFDA Title: Emergency Shelter Grants Program (ESGP)	
*12 Funding Opportunity Number:	
<u>N/A</u>	
*Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Los Angeles	
*15. Descriptive Title of Applicant's Project:	
The Emergency Shelter Grant Program (ESGP) provides comprehensive housing, counseling, referral and supporting including emergency and transitional housing to the homeless and those individuals and families at risk of becoming	

Prescribed by OMB Circular A-102

Application for	Federal Assistance SF-42	Versio Versio	n 02
16. Congressiona *a. Applicant: 24-2 37, 38, 46	al Districts Of: 27, 28-33, 34-37, 38, 46	*b. Program/Project: 24-27, 28-33,	34-
17. Proposed Pro	oject:		
*a. Start Date: 04	/01/2007	*b. End Date: 03/31/2008	
18. Estimated Fu	nding (\$):		
*a. Federal	3,184,418		
*b. Applicant			
*c. State			
*d. Local		·	
*e. Other			
*f. Program Incon *g. TOTAL	3,184,418	_	
g	J, 104,410		
□ b. Program is □ c. Program is *20. Is the Appli □ Yes 21. *By signing the herein are true, owith any resulting me to criminal, ciric ** I AGREE	subject to E.O. 12372 but has not covered by E. O. 12372 cant Delinquent On Any Fedo No is application, I certify (1) to the omplete and accurate to the beterms if I accept an award. I avil, or administrative penalties.	not been selected by the State for review. eral Debt? (If "Yes", provide explanation.) e statements contained in the list of certifications** and (2) that the statements est of my knowledge. I also provide the required assurances** and agree to cam aware that any false, fictitious, or fraudulent statements or claims may sub (U. S. Code, Title 218, Section 1001) In internet site where you may obtain this list, is contained in the announcement.	ompiy iject
Authorized Rep	resentative:		
Prefix: Middle Name: *Last Name: Suffix:	Ms. Marquez	*First Name: Mercedes Approved as to Form and Legality March 22, 2007 Rockard J. Delgadillo, City Attorney By Julian Tujan	
*Title: General M	Manager	Ü .	
	ber: 213-808-8808	Fax Number: 213-808-8616	
,	uez@lahd.lacity.org		A CONTRACTOR OF THE CONTRACTOR
	thorized Representative.	*Date Signed: 03/22/0	7
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Application for Federal Assistance SF-424	Version 02
*Applicant Federal Debt Delinquency Explanation The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.	
Not applicable	
	·

Application for Federa	I Assistance SF	-424			Version 02
*1. Type of Submission:	*2. 1	ype of Application	on * If Revision, sele	ct appropriate letter(s)	·
☐ Preapplication	⊠ N	lew			
		Continuation	*Other (Specify)		
☐ Changed/Corrected Ap	oplication	evision		_	
3. Date Received:	4. Appli	cant Identifier:			
5a. Federal Entity Identifie	5a. Federal Entity Identifier: *5b. Federal Award Identifier: B-07-MC-06-0523				
State Use Only:	-				
6. Date Received by State	e:	7. State Ap	oplication Identifier:		
8. APPLICANT INFORM	ATION:				
*a. Legal Name: City of L	os Angeles				
*b. Employer/Taxpayer lo	lentification Numbe	er (EIN/TIN):	*c. Organizational DI 195388855	UNS:	
d. Address:					
*Street 1:	1200 W. 7 th Stree	et			
Street 2:	4 th Floor			The state of the s	
*City:	Los Angeles			RECEIVED	
County:	Los Angeles		Andreas -	APR 1 3 2007	
*State:	California				
Province:				STATE CLEARING HOUSE	
*Country:	United States of	America		Managed mentions and a september of an analysis of the september of the control of the september of the sept	
*Zip / Postal Code	90017				
e. Organizational Unit:					,
Department Name:			Division Name:	oga Division	
Community Development			Administrative Service		
f. Name and contact in				ving this application:	
	-	*First Name:	Laura		
*Last Name: <u>Ito</u>					
Suffix:					
	or, Administrative S	Services Divisior	1		
Organizational Affiliation Municipal Government	1:				
*Telephone Number: 2	13-744-7378		Fax Number: 213	3-744-9038	
*Email: laura.ito@lacit	y.org				

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: C. City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: U.S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.218 CFDA Title: Community Development Block Grant Program (CDBG)	
*12 Funding Opportunity Number:	
<u>N/A</u>	
*Title:	
13. Competition Identification Number:	
N/A Title:	·
<u>N/A</u>	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Los Angeles, California	
*15. Descriptive Title of Applicant's Project:	
The CDBG program provides funds for housing, community development, public and neigle economic development programs in areas of the City that are primarily low- and moderate to meet needs of a particular urgency.	

Application for Federal Assistance SF-424 Version 0							
16. Congressional Dis *a. Applicant: 24-27, 2 37, 38, 46			*b. Program/Project: 24-27, 28-33, 34				
17. Proposed Project *a. Start Date: 04/01/2		*b.	End Date: 03/31/20	08			
18. Estimated Fundin	g (\$):						
*a. Federal *b. Applicant *c. State	74,142,574						
*d. Local	502,231						
*e. Other *f. Program Income	38,911,927			-			
*g. TOTAL	113,556,732						
*19. Is Application Subject to Review By State Under Executive Order 12372 Process? ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/23/2007 ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review. ☐ c. Program is not covered by E. O. 12372 *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) ☐ Yes ☑ No 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)							
 							
Authorized Represer	ntative:		and the second control of the second control				
Prefix: Mr. Middle Name: L. *Last Name: Ben Suffix:	bow	*First Name: <u>Richar</u>	Approved as Rockard J. De	to Form and Legality March 22, 2007 Igadillo, City Attorney			
*Title: General Manag	ger						
*Telephone Number: 213-744-7300 Fax Number: 213-744-9060							
* Email: richard.benbow@lacity.org							
*Signature of Authorized Representative: *Date Signed: 03/21/2007							

Application for Federal Assistance SF-424	Version 02						
*Applicant Federal Debt Delinquency Explanation The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt. Not applicable							
Tot oppnound							

ADDI ICATION FOR						RCH +304	2.29-07 Version 7	
APPL!CATION FOR FEDERAL ASSISTANCE		2. DATE SUBM	NITTED 1	112/2-	l'Applicant Identifièr			
1. TYPE OF SUBMISSION: Application	Pre-application		3. DATE RECEIVED BY STATE			State Application	on Identifier	
Construction	Construction		4. DATE RECE	IVED BY	FEDERAL AGEN	NCY Federal Identifier		
Non-Construction	Non-Constr							
5. APPLICANT INFORMATIO		uction						
Legal Name:					Organizational Department:	Unit:		
Caruthers Community Service	es District							
Organizational DUNS:	Control Sancon	NAME AND ADDRESS OF THE PARTY OF	CONTRACTOR OF THE STREET PROPERTY OF THE STREET OF THE STR		Division:			
Address:	100	DE	`EN/Er		Name and telep	hone number of pe	rson to be contacted on matte	
Street:	NO MATERIAL NA PARTICIPATOR NA	I Kama	/ IV EL	1	involving this a	pplication (give are:	a code)	
P.O. Box 218		_APR	1 3 2007	and the same of th		Michael		
City: Caruthers	in careering		2001		Middle Name			
County:	STA	ATE OL	EANING NOG	oe l	Last Name		***************************************	
Fresno State:	Zip Code	and the second of the second of	and the same without it will be	67 for	Taylor Suffix:			
State: CA	93609							
Country:					Email: mtaylor@ppeng	,.com_		
6. EMPLOYER IDENTIFICAT	ION NUMBER (E	IN):			Phone Number	give area code)	Fax Number (give area code)	
94-156988	1				(559) 449-2700		(559) 449-2715	
8. TYPE OF APPLICATION:					7. TYPE OF AP	PLICANT: (See back	of form for Application Types)	
☑ N		ntinuatio	on 🔲 Revis	ion	G.			
f Revision, enter appropriate le See back of form for description					Other (specify)			
011	·		L		S NAME OF FE	DEDAL ACENOV		
Other (specify)					9. NAME OF FEDERAL AGENCY: USDA RURAL ULITILITY SERVICE			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:					11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
10-760				60	Wastewater Treatment Expansion Project			
TITLE (Name of Program):			ت ت					
12. AREAS AFFECTED BY F	PROJECT (Cities.	Countie	s. States, etc.):		-			
Caruthers, Fresno	, , , , , , , , , , , , , , , , , , , ,		-, -,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,					
13. PROPOSED PROJECT					14. CONGRESS	SIONAL DISTRICTS	OF:	
Start Date:	Ending Date	e:	And the same of th		a. Applicant		b. Project	
June 2007 15. ESTIMATED FUNDING:	June 2009				20	TION SUBJECT TO	20 REVIEW BY STATE EXECUTI	
15. ESTIMATED FUNDING.					ORDER 12372 F	PROCESS?		
a. Federal	\$.		2,180,000	00			ATE EXECUTIVE ORDER 1223	
b. Applicant	\$			00		AVAILABLE TO THE STATE EXECUTIVE OR PROCESS FOR REVIEW ON		
c. State	\$		0	10	DA-	r F ·		
	*						· · · · · · · · · · · · · · · · · · ·	
d. Local	\$."	10	b. No. 🔟 PRO	OGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other	\$			10			T BEEN SELECTED BY STATE	
f. Program Income	\$.		.0	00	FOR	R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
a. TOTAL	<u> </u> \$			ю	-		_	
			2,180,000			attach an explanation		
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	LY AUTHORIZED	BY THE	GOVERNING E	THIS API	PLICATION/PREA THE APPLICANT	APPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
Authorized Representative						A' 1 11 - K1		
efix First Name David					V	Middle Name		
2114	David				í	Suffix		
t Vame	David				9	Suffix		
∟ ¶ ame Mc re	David						(give area code)	
t Vame		<u> </u>	0 L. M		c	Suffix Telephone Number 559) 864-8189 Date Signed	(give area code)	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

(Package revised 12/2	3/433			A."	M AA PM	~ 3 29 -07 version 1/03	
	APPLICATION FOR February 2				Applicant Identi	fier 6-0087-FYI FFY2007	
FEDERAL ASSIST	L ASSISTANCE FEBRUARY			10	State Application		
TYPE OF SUBMISSION Application	\				5-11145		
☑ Construction☑ Non-Construction	Preapplication Construction		E RECEIVED BY FEDER	RAL AGENCY	Federal Identific	er	
5. APPLICANT INFOR	☐ Non-Construction			·			
Legal Name:	· ·				Unit: Department of A	Airports	
City of Fresno				Department: Ai	rports		
Organizational DUNS: 17	-678-5079			_	ects and Engine		
Address:				Name and telephone number of person to be contacted on			
Street: 4995 East 0	linton Way			matters involving this application (give area code) Prefix: Mr. First Name: Kevin			
City: Fresno				Middle Name:		·	
County: Fresno				Last Name: Me	eikle		
State: CA	Zip Code: \$	3727		Suffix:	:		
Country: USA		1.		Email: Kevin .	Meikle@fresno.	gov	
	IFICATION NUMBER (EIN):		Phone number (give area code):	FAX number (give area code):	
9 4 - 6	0 0 0 3 3 8	·		559-6	21-4536	559-498-5549	
8. TYPE OF APPLICATION		1			PLICANT: (See bac	k of form for Application Types)	
⊠ New	Continuation	Revision		Other (specify)	WONION AL		
If Revision, enter appropr (See back of form for des				Other (specify)			
Other (specify)				O NAME OF F	EDERAL AGENCY		
				Federal Avia	ation Administra	ation	
10. CATALOG OF FI	DERAL DOMESTIC ASSI	STANCE NU		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Yosemite International Airport (FAT)			
	2 0	_ 1	0 6	Part 150 Noise Compatibility Program Acoustically			
PROGRAM (AIP)	OVEMENT			Treating Residences in the 65-75 CNEL Contours of the			
	ED BY PROJECT (cities, co	unties states e	etc.):	NEM.			
Fresno County	LD B1 FROSEOT (Giaco, co	untico, otatoo, c					
13. PROPOSED PRO		F. J D	-1-		IONAL DISTRICTS	OF b. Project	
Start Dat 6/200	-	Ending D 6/201		18TH 18TH			
15. ESTIMATED FUN				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a Yes THIS PREAPPLICATION/APPLICATION WAS MADE			
a. Federal	\$	2 000 00	. ₀₀				
	-,			AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant c. State	t \$ 105,263		DATE: TBD				
d. Local	\$.00	1	OGRAM IS NOT COVE	RED BY E. O. 12372	
e. Other	\$.00			BEEN SELECTED BY STATE FOR	
f. Program income				REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL				☐Yes If "Yes" attach an explanation ☐ No			
18. TO THE BEST O	EN DULY AUTHORIZED	BELIEF, ALL BY THE GOV	DATA IN THIS A ERNING BODY C	APPLICATION/PR	REAPPLICATION AF NT AND THE APPLI	RE TRUE AND CORRECT, THE CANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. Authorized Representative					1		
Prefix Mr First Name Russell					Middle Name C. Suffix AAE		
Last Name Widmar			Production of the control of the con		ber (give area code)		
b. Title Director of Aviation			LRECE	559-621-4600			
d. Signature of Authorized Representative			I I have be have	e. Date Signed Feb. 26, 2007			
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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE	,	2. DATE SUBMITTED		Applicant Idor	Version 7/03		
	_				Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Applicat	State Application Identifier		
☐ Construction	Construction	4, DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fier		
Non-Construction	Non-Construction	<u> </u>					
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:			
CALIFORNIA CITRUS	S MUTUAL		Department:				
Organizational DUNS:		THE STREET WAS ARREST TO THE PARTY OF THE PA	Division:				
	/1211	STUED	Name and telep	hone number of pe	rson to be contacted on matters		
Street:	TRE		involving this a	pplication (give are	a code)		
512 N. KAWEAH AVI		APR 1 3 2007	Prefix: MS.	First Name: S	HIRLEY		
City:EXETER		APK .	Middle Name A	•			
County: TULARE	\	OLEARING HOU	Last Name	CHMAN			
State: CA	Zip Code 9322 ST	ATE CLEARING HOUS	Suffix:		***************************************		
Country:		and the second second	Email:	eyb@cacitrus	mutus 7 00m		
USA 6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (Fax Number (give area code)		
95-3139901]		559-592-	,	559-592-3798		
8. TYPE OF APPLICATION:					(of form for Application Types)		
XX Nev		n	NOT FOR	PROFIT ORGAN	IZATION		
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es) of letters.)		Other (specify)				
Other (specify)	Ш			NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:		E TITLE OF APPLIC			
RURAL BUSINESS EL	NTERPRISE GRAN	10-769 T	CENTRAL CALIFORNIA WEATHER WATCH (see attached)				
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	States, etc.):					
FRESNO, TULARE,	AND KERN COUNT.	TES					
13. PROPOSED PROJECT				IONAL DISTRICTS			
Start Date: 7/1/2007	Ending Date: 10/15/200	7	a. Applicant 21	st	b. Project 21st-22nd		
15. ESTIMATED FUNDING:	<u></u>				REVIEW BY STATE EXECUTIVE		
a. Federal \$	98,100.	.00	ORDER 12372 P	PREAPPLICATION	/APPLICATION WAS MADE		
b. Applicant \$		-00	7 ~~~	(LABLE TO THE ST/ CESS FOR REVIEW	THE EXECUTIVE ONDER 12012		
c. State \$	3,740. (In K	ind)	DAT	- 4" " 0			
d, Local \$	0.						
		•	D, NO. 11 1		ERED BY E. O. 12372		
e. Other \$	0.	.ou		PROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE		
f. Program Income \$	0.	.00	17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	98,100.	.00		attach an explanation			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF 1	LICATION/PREA	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	First Name		M	iddle Name 3			
Last Name	JOEL	_					
NELSEN			Si	uffix			
b. Title PRESIDENT/CEO			c.	c. Telephone Number (give area code) 559-592-3790			
d. Signature of Authorized Representative			e.	Date Signed	2000		
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